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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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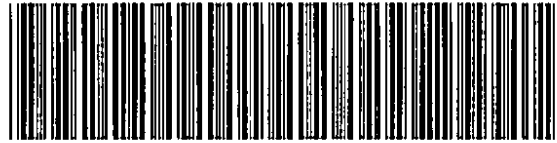
(Business Entity Name)

(Document Number)

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FILED
2022 OCT 31 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delmo C. Moura

Name of Person

Rightway Invest LLC

Firm/Company

20201 East Country Club Dr. Suite 606

Address

Aventura 33180

City/State and Zip Code

delmomoura@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delmo C. Moura

786

740(2300)

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rightway Invest LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2021 and assigned
Florida document number L16000212065.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2022 OCT 31 AM 9:44
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TALLAHASSEE, FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager


AMBR = Authorized Member


[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member


DELMO C MOURA
Typed or printed name of signee

Filing Fee: \$25.00



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

VOLARE INVESTMENTS LLC

Filing Information

Document Number L21000525654
FEI/EIN Number 87-4073067
Date Filed 12/14/2021
Effective Date 12/10/2021
State FL
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 02/07/2022
Event Effective Date NONE

Principal Address

20201 E COUNTRY CLUB DR
#606
AVENTURA, FL 33180

Changed: 02/07/2022

Mailing Address

20201 E COUNTRY CLUB DR
#606
AVENTURA, FL 33180

Changed: 02/10/2022

Registered Agent Name & Address

MOURA, IVONEA C
20201 East Country Club Dr
Apt 606
Aventura, FL 33180

Address Changed: 04/12/2022

Authorized Person(s) Detail

Name & Address

Title MGR

MOURA, DELMO C
20201 East Country Club Dr
Apt 606
Aventura, FL 33180

Title Manager

MOURA, BIANCA B
20201 E COUNTRY CLUB DR
#606
AVENTURA, FL 33180

Title Manager

MOURA, ALESSANDRA C.
8220 MARIANA PACIFIC DR N
LONG BEACH, CA 90803

Annual Reports

Report Year	Filed Date
2022	04/12/2022
2022	06/02/2022

Document Images

<u>06/02/2022 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>04/12/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/07/2022 -- LC Amendment</u>	View image in PDF format
<u>12/14/2021 -- Florida Limited Liability</u>	View image in PDF format